

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

1 of 1

Application Number

10/734,161

Filing Date

December 15, 2003

First Named Inventor

Kevin T. FOLEY

Art Unit

3738

Examiner Name

David H. WILLSE

Sheet	1 of 1	Attorney Docket Number	64118.000045
-------	--------	------------------------	--------------

U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
<i>DR</i>		US- 4,790,297	12-13-1988	Luque	_____
		US- 5,196,015	03-23-1993	Neubardt	_____
<i>DR</i>		US- 5,382,248	01-17-1995	Jacobson	_____
<i>DR</i>		US- 5,395,371	03-07-1995	Miller	_____

FOREIGN PATENT DOCUMENTS

*Examiner Initials	Cite No.	FOREIGN PATENT DOCUMENT	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code Number-Kind Code (if known)				YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

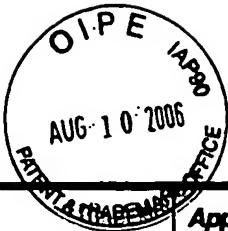
OTHER DOCUMENTS - NON-PATENT LITERATURE DOCUMENTS

*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION	
			YES	NO
<i>DR</i>		Proposed Rule and Comment of the U.S. Food and Drug Administration (FDA) for Classification, Reclassification and Codification of Pedicle Screw Spinal Systems, 60 Fed. Reg. 51946-51962 (Oct. 4, 1995).	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE *D. Mals*

DATE CONSIDERED 1-21-07

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.



Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet	1 of 1	Attorney Docket Number	64118.000045
--------------	---------------	-------------------------------	---------------------

OTHER DOCUMENTS - NON-PATENT LITERATURE DOCUMENTS

*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION	
			YES	NO
<i>DH</i>	1.	Alexander R. Vaccaro, M.D. and Steven R. Garfin, M.D., "Internal Fixation (Pedicle Screw Fixation) for Fusions of the Lumbar Spine," SPINE, Vol. 20, No. 245, pp. 157S-165S (1995).	<input type="checkbox"/>	<input type="checkbox"/>
<i>DH</i>	2.	Kevin T. Foley, M.D., "Minimally Invasive Posterior Lumbar Interbody Fusion (PLIF): A Beneficial Union," http://www.spineuniverse.com/displayarticle.php/article1972.html (2002). <i>4 pages</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>DH</i>	3.	Yizhar Floman, M.D., "Management of Isthmic Spondylolisthesis in Adults; Part 5: Isthmic Lumbosacral Spondylolisthesis in Adults," http://www.spineuniverse.com/displayarticle.php/article2446.html (2004). <i>3 pages</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE *DH Wille*DATE CONSIDERED *1-21-07*

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute for form 1449A/PTO		Application Number <i>O.I.Y.C 14490</i>	10/734,161
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Filing Date	December 15, 2003
		First Named Inventor	Kevin T. FOLEY
		Art Unit	3738
		Examiner Name	David H. WILLSE
Sheet	1 of 1	Attorney Docket Number	64118.000045

U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
<i>DH</i>		US- 5,503,617	04-02-1996	Jako	_____

FOREIGN PATENT DOCUMENTS

*Examiner Initials	Cite No.	FOREIGN PATENT DOCUMENT	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code Number-Kind Code (if known)				YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS - NON-PATENT LITERATURE DOCUMENTS

*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION
			YES NO
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

EXAMINER SIGNATURE *D. Willse*

DATE CONSIDERED /-21-07

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.